



*International
Congress of
Maritime Museums*

MEMBERSHIP APPLICATION FORM

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Applicant Institution & Position held

Nature of Interest in Maritime Museums

Address

Telephone Fax Email

Signature Date

Please send to Secretary General with membership fee of \$US 48 or £ 24

APPLICATION FOR FULL MEMBERSHIP

Name of Museum/Organisation/Institution

Governance Type: ☐ National ☐ State/Provincial ☐ Other Voting delegate to ICMM

Address

Telephone Fax Email

Website Signature Date

Please send to Secretary General with membership fee of \$US 170 or £ 85 . Please include with your application descriptive material and relevant sections of your museum's by-laws and constitution that state the institution's purposes and describe the scope and nature of its maritime collections and programs. This material will be used by the Executive Council to determine eligibility for membership and will be retained in the ICMM's files.

RETURN COMPLETED FORM WITH FEE TO: Secretary General ICMM, Stuart Parnes, c/- Chesapeake Bay Maritime Museum PO Box 636, St Michaels, Maryland 21663, USA